

Michigan Department of Community Health  
**Board of Veterinary Medicine**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

## **VETERINARY MEDICINE LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. It is your responsibility to have all required information sent to the Board of Veterinary Medicine. Questions regarding your application can be directed to the Michigan Board of Veterinary Medicine at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time.

### **INSTRUCTIONS FOR LICENSURE BY EXAM FOR GRADUATES OF AVMA APPROVED PROGRAMS:**

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. The application for licensure and fee must be received in this office along with all supporting documents 60 days prior to the scheduled examination window to assure eligibility for the exam. **You cannot take the NAVLE exam in Michigan without also applying for full licensure.**
3. To be eligible for the licensing examination, in addition to the license application and fee, you must also submit the following:
  - a. A final, official transcript of your veterinary education sent directly to this office by your AVMA approved school of veterinary medicine. Transcripts must contain the degree earned and the date conferred. **OR**
  - b. A letter sent to this office directly by the Dean of your veterinary school stating that the applicant is within 8 months of completing a program leading to a DVM degree.
4. You will not be issued a license in Michigan until we receive the final transcript indicating the degree earned and the date conferred. This transcript must be sent directly to this office by your school of veterinary medicine.
5. Applicants for the NAVLE must complete and return the NAVLE Registration Form to the National Board of Veterinary Medical Examiners (NBVME) with the required fee (money order, certified check or cashier's check in U.S. funds only). The address of the NBVME is as follows:

**National Board of Veterinary Medical Examiners**  
P.O. Box 1356  
Bismarck, ND 58502

You may also register for the exam on-line at [www.nbvme.org](http://www.nbvme.org).

**Do not send the examination registration form to the Michigan Board of Veterinary Medicine.**

Questions regarding the examination registration form and fee should be directed to the NBVME at (701) 224-0332 or by email at [mail@nbvme.org](mailto:mail@nbvme.org). See the *NBVME Bulletin of Information for Candidates* for complete instructions or check the website at [www.nbvme.org](http://www.nbvme.org).

6. *If you will require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us documentation from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes any accommodations that were provided to you during your education. These documents need to be submitted at the same time you send in this license application to DCH, Bureau of Health Professions, Attn: ADA Request, PO Box 30670, Lansing, MI 48909.*
7. If you have already successfully completed the NBE and CCT or the NAVLE exams in another state, you must have those scores sent directly to this office by the AAVSB's Veterinary Information Verifying Agency: (877) 698-8482 or [www.aavsb.org](http://www.aavsb.org).
8. The licensing agency from any state in which you are or have ever been licensed must complete and submit a Verification of Licensure form directly to the Michigan Board.

### **INSTRUCTIONS FOR LICENSURE BY EXAM FOR GRADUATES OF FOREIGN VETERINARY EDUCATION PROGRAMS:**

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. The application for licensure and fee must be received in this office along with all supporting documents 60 days prior to the scheduled examination window to assure eligibility for the exam. **You cannot take the NAVLE exam in Michigan without also applying for full licensure.**
3. To sit for the licensing examination, you must submit a letter verifying enrollment in or completion of the certification program of the Educational Commission for Foreign Veterinary Graduates (ECFVG). This must be sent directly to our office by the ECFVG: (847) 925-8070 ext 6623 or e-mail [MBarbosa@avma.org](mailto:MBarbosa@avma.org).
4. You will not be eligible for licensure in Michigan until we receive notification directly from ECFVG showing that you have completed the certification program.
5. Applicants for the NAVLE must complete and return the enclosed NAVLE Registration Form to the National Board of Veterinary Medical Examiners (NBVME) with the required fee (money order, certified check or cashier's check in U.S. funds only). The address of the NBVME is as follows:

**National Board of Veterinary Medical Examiners  
P.O. Box 1356  
Bismarck, ND 58502**

You may also register for the exam on-line at [www.nbvme.org](http://www.nbvme.org).

#### **Do not send the examination registration form to the Michigan Board of Veterinary Medicine.**

Questions regarding the examination registration form and fee should be directed to the NBVME at (701) 224-0332 or email to [mail@nbvme.org](mailto:mail@nbvme.org). See the *NBVME Bulletin of Information for Candidates* for complete instructions or check the website at [www.nbvme.org](http://www.nbvme.org).

6. *If you will require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us documentation from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes any accommodations that were provided to you during your education. These documents need to be submitted at the same time you send in this license application to DCH, Bureau of Health Professions, Attn: ADA Request, PO Box 30670, Lansing, MI 48909.*
7. If you have already successfully completed the NBE and CCT or the NAVLE exams in another state, you must have those scores sent directly to this office by the AAVSB's Veterinary Information Verifying Agency: (877) 698-8482 or [www.aavsb.org](http://www.aavsb.org).

8. The licensing agency from any state in which you are or have ever been licensed must complete and submit a Verification of Licensure form directly to the Michigan Board.

## **INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT**

**NOTE:** Applicants for licensure by endorsement must hold a current license to practice as a veterinarian in another state. If you do not hold a current license, you must apply for licensure by examination and follow the instructions on page 1.

**Applicants who were first licensed as a veterinarian in another state and have engaged in the practice of veterinary medicine for a minimum of 10 years prior to the date of application for Michigan veterinary licensure, should submit the following:**

1. A properly completed application and fee. Checks and money orders must be drawn on a U.S. Financial Institution and made payable to the "State of Michigan."
2. Please submit verification of licensure from any state where you hold or have ever held a license to practice as a veterinarian. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

**All other applicants should submit the following:**

1. A properly completed application and fee. Checks and money orders must be drawn on a U.S. Financial Institution and made payable to the "State of Michigan."
2. A final, official transcript of your veterinary education sent directly to this office by your AVMA approved school of veterinary medicine. Transcripts must contain the degree earned and the date conferred. Graduates of foreign veterinary education programs must have verification of ECFVG certification sent directly to this office by ECFVG: (847) 925-8070 ext 6623 or e-mail [MBarbosa@avma.org](mailto:MBarbosa@avma.org).
3. Verification of a passing score on the NBE and CCT or the NAVLE. You must have those scores sent directly to this office by the AAVSB's Veterinary Information Verifying Agency: (877) 698-8482 or [www.aavsb.org](http://www.aavsb.org).
4. Please submit verification of licensure from any state where you hold or have ever held a license to practice as a veterinarian. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

## **INSTRUCTIONS FOR AN EDUCATIONAL LIMITED LICENSE:**

Any individual engaged in postgraduate training is required to hold a full or educational limited license. (A limited license restricts the work of the licensee to the site designated on the limited license.) To be eligible for a limited license, an applicant must submit all of the following documents:

1. A properly completed application and fee. Checks and money orders must be drawn on a U.S. Financial Institution and made payable to the "State of Michigan."
2. A letter from an AVMA approved college of veterinary medicine verifying that the applicant has been admitted as a student to a postgraduate training program.
3. You must have achieved a passing score on the NAVLE exam. These exam scores should be sent directly to this office from the AAVSB's Veterinary Information Verifying Agency: (877) 698-8482 or [www.aavsb.org](http://www.aavsb.org).

## **INSTRUCTIONS FOR CLINICAL ACADEMIC LICENSE:**

Any individual engaged in the practice of veterinary medicine, as a clinical instructor in an AVMA approved college of veterinary medicine, is required to hold a full or clinical academic license. (A clinical academic license restricts the work of the licensee to the site designated on the clinical academic license.) To be eligible for a clinical academic license, an applicant must submit all of the following documents:

1. A properly completed application and fee. Checks and money orders must be drawn on a U.S. financial institution and made payable to the "State of Michigan."
2. A final, official transcript of your veterinary education sent directly to this office by your AVMA approved school of veterinary medicine. Transcripts must contain the degree earned and the date conferred. Foreign graduates must either have their veterinary school submit a final, official transcript or have verification of ECFVG certification sent directly to this office by ECFVG. ECFVG may be contacted by phone at (847) 925-8070 or by e-mail at [Mbarbosa@avma.org](mailto:Mbarbosa@avma.org).
3. A letter from an AVMA approved college of veterinary medicine verifying that the applicant has been appointed to its academic faculty. The letter should include a statement that the applicant will not be practicing veterinary medicine independently or outside of the position as a clinical instructor.

## **GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Veterinary Medicine in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Veterinary Medicine in writing to request a refund.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.

Michigan Department of Community Health  
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DCH/LVT-010 (11/04)

## APPLICATION FOR LICENSE AS A VETERINARIAN

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

### Board Use Only

License Number

Date of Licensure:

### Type or Print Only

#### I AM APPLYING FOR THE FOLLOWING:

- ☐ License by Examination (Examination Fee Not Included) Fee: \$80.00 71-6901-01
- ☐ License by Endorsement (Must Currently be licensed in Another State) Fee: 80.00 71-6901-09
- ☐ Educational Limited License Fee: \$50.00 71-6901-05
- ☐ Clinical Academic License Fee: \$50.00 71-6901-03

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Permanent I.D. Number and Expiration Date

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had you health care facility staff privileges involuntarily modified? ☐ Yes ☐ No

9. Do you hold or have you ever held a veterinary license in any state? List each state, the license number, the date issued and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ Yes ☐ No

State	License Number	Date of Issue	How obtained (Endorsement or examination)

10. Have you ever taken the National Board Exams? If yes, give date(s) and name of the examination.

☐ No ☐ Yes \_\_\_\_\_

**Provide a complete chronological record of your educational preparation.  
Attach additional sheets if necessary.**

Name and address of Institution	Dates of Attendance From	To	Degree

**Provide a description of your professional veterinary experience.  
Attach additional sheets if necessary**

Name and Address of Employer	Dates of Practice From	To	Duties

**CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

## CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

<b>Board Use Only</b>	
License Number	
Date of Licensure	

### Type or Print Only

#### INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE: Initial (first time) professional license or relicensure of your professional license - \$85.00.**  
**If you already hold a professional license and your professional license expires in:**  
0-12 months the fee is \$85.00 (13757)      13-24 months the fee is \$160.00 (23757)      25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.**
- Allow up to six weeks for your paper license to arrive.**

Your check or money order drawn on a U.S financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.  
**DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
<b>THIS LICENSE VALID - ONLY AT THE FOLLOWING LOCATION</b>		
Street		Telephone Number
City	State	ZIP Code

<b>TYPE OF PROFESSIONAL LICENSE</b> (Please Check One):		<b>STATUS:</b>	
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315 <input type="checkbox"/> 59 - 01 D.P.M. 71-5315 <input type="checkbox"/> 69 - 01 D.V.M. 71-5315 <input type="checkbox"/> 43 - 01 M.D. 71-5315 <input type="checkbox"/> 51 - 01 D.O. 71-5315 <input type="checkbox"/> 49 - 01 O.D. 71-5330 <input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301 <input type="checkbox"/> 53 - 02 R.Ph. 71-5302 <input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	Regular <input type="checkbox"/>	or	Educational Limited <input type="checkbox"/>
		1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please explain on separate sheet.	
		2. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Michigan Permanent I.D. Number (as shown on your pocket card)	
		Expiration Date of License	Social Security Number

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Community Health  
**Bureau of Health Professions**  
P.O. Box 30670  
Lansing, MI 48909  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.  
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

### CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

( S E A L )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board